| DOC LICEN | ISE ABBLE | CATION OF | RENEWAL • WHIT | |
|---|------------------------------|--------------------------|----------------------------------|--|
| | | CAHON & R | KENEWAL ● WILLI | CITY OF CARE |
| INSTRUCTIONS FOR USING THIS F 1. This is a 3-part form. Auto-fill will c | omplete yellow and b | lue copies if white co | py is typed in Adobe Acrobat. | CULTI A VICTA FACULTY |
| NOTE: You may not be able to sa 2. Veterinarian will need to sign ALL 1 | ave what you type. B | e sure to PRINT the o | completed application. | LICENSE |
| 3. Return WHITE and YELLOW copies | with your payment. | Veterinarian will ret | tain BLUE copy. | 3-year License |
| Applicant's LAST Name | | | | |
| Chula Vista Address | | | • | |
| Work Phone () Alt. | Phone () | Email | | ☐ 1-year License ☐ Spayed/Neutered: \$12 ☐ NOT Spayed/Neutered: \$25 |
| Dog's Name | Brood | | Color | |
| Gender: M F Dog's Birthdate (Mo | | | | |
| | | | | _ |
| CERTIFICATE OF F I certify that I am a licensed veterinarian | and vaccinated this do | g with a modified live v | virus vaccine on the date below. | Make check payable to |
| Signature | | Today's Date_ | | "City of Chula Vista" |
| Date Vaccinated Exp | Vaccine Manufactur | er/Name/Lot No | | I certify under penalty of perjury that this dog has been spayed/neutered as indicated above: |
| IF YOU DO NOT NEED TO RENEW THIS | | | | |
| have this dog, sign here and mail in: | | | Date: | Veterinarian or Owner Signature |
| OFFICE USE: Permanent Tag #: | Expires: | Date Processed: | Рау Туре: | Mail/return form and payment to: CVACF 130 Beyer Way, Chula Vista, CA 91911 |
| | | | | |
| | | | | |
| DOG LICEN | ICE ADDIT | CATION OF | | |
| DOG LICEN | 13L APPLI | CAHON & R | KENEWAL • YELL | |
| INSTRUCTIONS FOR USING THIS FOR | ORM: omplete vellow and h | lue conies if white co | ony is typed in Adobe Acrobat | CHILLY VICTA FACILITY |
| 1. This is a 3-part form. Auto-fill will on NOTE: You may not be able to so | ave what you type. B | e sure to PRINT the o | completed application. | LICENSE |
| 2. Veterinarian will need to sign ALL 1 3. Return WHITE and YELLOW copies | | Votorinarian will rot | tain PILIE conv | 3-year License |
| Applicant's LAST Name | with your payment. | FIRST Name | мі | (and the fau dags 1 was ald at was singtion) |
| Applicant's LAST Name Chula Vista Address | | riksi Name | Zin Code | □ Spayed/Neutered: \$23 □ NOT Spayed/Neutered: \$50 |
| Work Phone () Alt. | Phone () | Fmail | 2.p code | I I I -vear License |
| | | | | NOT Spayed/Neutered: \$25 |
| Dog's Name | | | | Late Payment Fee: \$3 |
| Gender: ☐M ☐F Dog's Birthdate (Mc | /Yr)/_ Dog's a | ge at vaccination | _ Spayed/Neutered? | |
| CERTIFICATE OF F | RABIES VACCINATIO | N AND DOG IDENTI | IFICATION | TOTAL FEES: |
| I certify that I am a licensed veterinarian Signature | , | 0 | | Make check payable to "City of Chula Vista" |
| Ŭ. | | , | | "City of Chula Vista" I certify under penalty of perjury that this dog |
| Date Vaccinated Exp IF YOU DO NOT NEED TO RENEW THIS | | | | has been spayed/neutered as indicated above: |
| have this dog, sign here and mail in: | | , | | Veterinarian or Owner Signature |
| | | | | Mail/return form and payment to: CVACF |
| OFFICE USE: Permanent Tag #: | Expires: | Date Processed: | Pay Type: | 130 Beyer Way, Chula Vista, CA 91911 |
| | | | | |
| | | | | .117 . |
| DOG LICEN | ISE ADDIT | CATION 8. D | RENEWAL • BLUE | |
| | | CATION & N | CINEWAL • BLUE | ANIMAL CARE |
| INSTRUCTIONS FOR USING THIS F 1. This is a 3-part form. Auto-fill will c | | lue copies if white co | py is typed in Adobe Acrobat. | CHITAVISTA EACHITY |
| NOTE: You may not be able to se | ave what you type. B | e sure to PRINT the o | completed application. | LICENSE |
| Veterinarian will need to sign ALL 1 Veterinarian will retain BLUE copy. | Return WHITE and | YELLOW copies with | vour pavment. | 3-year License |
| Applicant's LAST Name | | | | (only for dogs 1 year old at vaccination) — □ Spayed/Neutered: \$23 |
| Chula Vista Address | | | Zip Code | _ □ NOT Spayed/Neutered: \$50 |
| Work Phone () Alt. | Phone () | Email | | 1-year License Spayed/Neutered: \$12 |
| | | | | □ NOT Spayed/Neutered: \$25 |
| Dog's Name | | | | Late Payment Fee: \$3 |
| Gender: M F Dog's Birthdate (Mc | | | | <u> </u> |
| CERTIFICATE OF F I certify that I am a licensed veterinarian | RABIES VACCINATIO | N AND DOG IDENT | Virus vaccine on the data bolow | TOTAL FEES: |
| Signature | | | | Make check payable to "City of Chula Vista" |
| Date Vaccinated Exp | | , | | I certify under penalty of perjury that this dog has been spayed/neutered as indicated above: |
| Date racemated Exp | | | | nas been spayeu/neutered as indicated above: |

Date:

Pay Type:

Date Processed:

have this dog, sign here and mail in: _

OFFICE USE: Permanent Tag #:

Vaccine Manufacturer/Name/Lot No. _ IF YOU DO NOT NEED TO RENEW THIS DOG LICENSE because you are no longer a Chula Vista resident OR no longer

Expires:

Mail/return form and payment to: CVACF 130 Beyer Way, Chula Vista, CA 91911